

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 34756

1. OWNER Adrian E Norma Quindnez ADDRESS AT WELL LOCATION 3335 Rawhide ST, Paradise ST. Nev 89120  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION SE SAME 1/4 Sec. 25 T. 21 S. R. 61 E. CLARK County  
 PERMIT NO. 162-25-801-007 Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  Domestic  
 Deepen  Abandon  Other \_\_\_\_\_  
 Irrigation  Test  Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Full Pump + Remove Tanks from 10'x10'x10' Cement Vault.				
Add on 8 FT 8 5/8 Steel casing				
Perforate from bottom up to 50 ft. Minis knife perforator				
Cement from bottom up				
2" Tremie pipe				
24 sack neat cement				
Back fill vault with type 2 gravel				
Static water 8 FT				
N 36' 05" 21.7"				
W 115' 06" 05.8"				

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.62				

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 8 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 04-13-09, 20 \_\_\_\_\_  
 Date completed 04-16-09, 20 \_\_\_\_\_

7. WELL TEST DATA  
 TEST METHOD:  Bailer  Pump  Air Lift  

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Vernon H. Dimick Contractor  
 Address 5360 N. Bonita Vista St Contractor  
LV. NV. 89149  
 Nevada contractor's license number issued by the State Contractor's Board 10062  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552  
 Signed V.H. Dimick  
 By driller performing actual drilling on site or contractor  
 Date 04-17-09

DCNR/DWR  
 RECEIVED  
 APR 16 2009  
 LAS VEGAS OFFICE